



NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicant: Walter H. Günzburg, Peter Karle, Robert M. Saller, Brian Salmons,
Matthias Löhr, and Petra Müller

Serial No.: 09/160,067 Group: 1636
Filed: September 24, 1998 Examiner: Kaushal, Sumesh
Confirmation No.: 5908
For: Encapsulated Cells Producing Cytochrome P450

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
August 9, 2004	<i>Jenine Crump</i>
Date	Signature
Jenine Crump	
Typed or printed name of person signing certificate	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated February 9, 2004 of the Examiner finally rejecting Claims 1-4 and 6-22. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated February 9, 2004 for three month(s) from May 9, 2004 to August 9, 2004.
2. ☐ A month extension of time to respond to the Office Action Made Final dated was filed on with payment of a \$ fee.
☐ Applicant hereby petitions for an additional month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three month(s)		\$ 950
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	([<input type="checkbox"/>] mo.)	\$ _____
	Less fee paid	([<input type="checkbox"/>] mo.)	- \$ _____
	Balance of fee due		\$ 0
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 330
<input type="checkbox"/>	Other	_____	\$ _____
		TOTAL	\$ 1280

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$1,280 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By

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Date:

August 9, 2004